



TELEWORK AGREEMENT FORM

Part 1: General Information				
Telework Action Requested:	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Contract Termination	Date:
Employee's Name			Department:	
Telework Phone No.:		Supervisor's Name		
Part 2: Telework Assignment (Completed by Supervisor)				
The following constitutes an agreement on the terms and conditions of the telework arrangement between the employee and CHELCO.				
Approved Telework Option/Days (Select one option)				
Day(s)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> Routine Scheduled Days per Month List Days per month (if not authorized to telework, e.g. at least one day per pay period, but at least one regularly scheduled and recurring telework day per month):		<input type="checkbox"/> Situational (Ad Hoc: short period of time, project based, unscheduled, weather-related, or other CEO approved reason) Provide examples of approved telework situations.		
Terms of Assignment				
1. Telework is not an employee right. The employee volunteers to telework and to adhere to applicable guidelines and CHELCO's Temporary Telework procedure. The department concurs with employee participation and agrees to adhere to applicable guidelines and policies.				
2. The employee agrees to participate for a period beginning: _____ and ending: _____. The terms of this agreement should be reviewed and updated as necessary, but no less frequently than once every _____ (frequency of review e.g. 2 months, 2 years).				
3. The supervisor and employee agree to the following for the telework location.				
Start Time		a.m. p.m.	Stop Time	a.m. p.m.
4. Employee's official worksite:				
Street Address		City, State		Zip Code
5. Approved telework location				
Street Address		City, State		Zip Code
6. The following equipment has been issued to the employee and documented by the supervisor:				
Equipment	Description	Serial Number	Issue Date	Return Date
Computer				
Telephone				
Other				
Other				
Other				

7. All timekeeping, PTO, performance requirements, and special pay approvals are the same as for the traditional worksite, except if telework is frequent enough to require change in work location.
8. Provided the employee is given at least 24 hours advance notice, the employee agrees to allow the supervisor or a designee, to inspect the telework location during the employee's normal working hours. This is to ensure worksite conformance with these guidelines.
9. The employee must immediately notify the supervisor of any work related accident, injury, or illness occurring at the telework location and timely submit completed Occupational Injury/Illness Forms, as appropriate.
10. CHELCO will not be liable for damages to an employee's personal or real property during the course of performance of official duties or while using CHELCO equipment in the employee's residence
11. CHELCO will not be responsible for operating costs, home maintenance, or any other incidental costs whatsoever, associated with the use of the employee's residence. While teleworking, the employee is entitled to reimbursement for authorized expenses incurred while conducting business for CHELCO, as provided for by statute and implementing regulations.
12. The employee may voluntarily terminate a telework agreement at any time. Supervisors may remove the employee from a telework agreement in accordance with CHELCO telework procedure and established administrative procedures. _____ (initial)
13. The employee agrees to limit performance of officially assigned duties to the traditional worksite or to cooperative-approved telework locations. Failure to comply with this provision may result in termination of the telework agreement, or appropriate disciplinary action.
14. The employee agrees that he or she may be required to telework outside of his or her normal telework schedule in the case of a temporary emergency situation (e.g. worksite closure, authorized early dismissal, authorized delayed arrival, etc.).
15. The employee certifies that adequate dependent care arrangements are in place, and will not interfere with the employee's ability to telework.
16. Employee and supervisor have discussed requirements for an adequate and safe work area and the employee certifies that all approved telework locations meet those requirements (see Safety & Security Checklist for Telework Locations below).

Telework Assignments

What work assignments will the employee perform at the telework site?

What standards of performance will be established for these telework assignments?

What means will be used to assess the employee's performance while teleworking?

How will communication with the supervisor be handled while teleworking?

How will communication with others at CHELCO be handled while teleworking?

In the event of equipment failure, how will “down time” be handled? (For example, the employee will perform assignments that do not depend on equipment, time will be made up within the week or charged to an appropriate PTO balance, the employee will report to a CHELCO worksite until equipment is operational again, etc.)

What records will the employee keep at home and how will they be handled?

Supervisor’s Signature

Date

Part 3: Telework Agreement (Completed by Employee)

Safety & Security Checklist for Telework Locations

The following checklist is designed to help you assess the overall safety and security of telework locations. Each participant should read the safety and security checklist provided below and certify that all telework locations are in compliance with all listed safety or security criteria.

Safety & Security Feature	Yes	No
<i>General</i>		
Workspace is away from noise, distractions, and is devoted to your work needs?	<input type="checkbox"/>	<input type="checkbox"/>
Workspace accommodates workstation, equipment, and related material?	<input type="checkbox"/>	<input type="checkbox"/>
Floors are clear and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>
File drawers are not top-heavy and do not open into walkways?	<input type="checkbox"/>	<input type="checkbox"/>
Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature, ventilation, and lighting are adequate?	<input type="checkbox"/>	<input type="checkbox"/>
All stairs with four or more steps are equipped with handrails?	<input type="checkbox"/>	<input type="checkbox"/>
Carpets are well secured to the floor and free of frayed or worn seams?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fire Safety</i>		
There is a working smoke detector in the workspace area?	<input type="checkbox"/>	<input type="checkbox"/>
A home multi-use fire extinguisher, which you know how to use, is readily available?	<input type="checkbox"/>	<input type="checkbox"/>
Walkways aisles, and doorways are unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>
Workspace is kept free of trash, clutter, and flammable liquids?	<input type="checkbox"/>	<input type="checkbox"/>
All radiators and portable heaters are located away from flammable items?	<input type="checkbox"/>	<input type="checkbox"/>
You have an evacuation plan so you know what to do in the event of a fire?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Electrical Safety</i>		
Sufficient electrical outlets are accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Computer equipment is connected to a surge protector?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical system is adequate for office equipment?	<input type="checkbox"/>	<input type="checkbox"/>
All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?	<input type="checkbox"/>	<input type="checkbox"/>
Equipment is placed close to electrical outlets?	<input type="checkbox"/>	<input type="checkbox"/>
Extension cords and power strips are not daisy chained and no permanent extension cord is in use?	<input type="checkbox"/>	<input type="checkbox"/>
Equipment is turned off when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Computer Workstation</i>		
Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy?	<input type="checkbox"/>	<input type="checkbox"/>
Chair is adjustable?	<input type="checkbox"/>	<input type="checkbox"/>

Safety & Security Feature	Yes	No
Your back is adequately supported by a backrest?	<input type="checkbox"/>	<input type="checkbox"/>
Your feet are on the floor or adequately supported by a footrest?	<input type="checkbox"/>	<input type="checkbox"/>
You have enough leg room at your desk?	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient light for reading?	<input type="checkbox"/>	<input type="checkbox"/>
The computer screen is free from noticeable glare?	<input type="checkbox"/>	<input type="checkbox"/>
The top of the screen is at eye level?	<input type="checkbox"/>	<input type="checkbox"/>
There is space to rest the arms while not keying?	<input type="checkbox"/>	<input type="checkbox"/>
Other Safety/Security Measures		
Files and data are secure?	<input type="checkbox"/>	<input type="checkbox"/>
Materials and equipment are in a secure place that can be protected from damage and misuse?	<input type="checkbox"/>	<input type="checkbox"/>
You have an inventory of all equipment in the office including serial numbers?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby agree to the telework Terms of Assignment, CHELCO Procedure 201.001 Temporary Teleworking, and certify that my telework location is in compliance with all listed safety criteria.

Employee's Signature	Date
Part 4: Telework Approvals	

Manager's Signature (if applicable)	Date
-------------------------------------	------

Executive Team Member's Signature	Date
-----------------------------------	------

E-mail completed form to Manager of Human Resources & Training.